



# Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Nam	ie:	Friends t	o Elect Allan Angel		
Account Number: 0	002156		_	Date of	f this Report: 10/27/08
REPORTING PERIO	D:	FROM:	10/08/08	_ TO:	10/27/08
Check the box that app	olies to th	is report:			
Primary Election		8-DAY	□ 30-DAY		Office:
General Election	X	8-DAY	□ 30-DAY		Kent County Levy Court, 3rd District
Other Election		8-DAY	□ 30-DAY		
Special Election		8-DAY	□ 30-DAY		
Year End Report		Final Or	ganization Closing		Closing Date:
regulations regarding (	Campaig	n Finance :	and the election proces	s in the St	e is accurate and correct. I agree to abide by all rules and State of Delaware. I understand that representatives from I information provided on this report.
1					10/27/08
TREASURER SIGNATURE					DATE
alla	- ī	10	Gel		10/27/08
CANDIDATE SIGNATURE			/		DATE



# STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	002156	REPORTING PERIOD:	10/08/08	10/27/08
				FROM	то
1.		G BALANCE lance from last reporting period)			\$2,836.80
2.	RECEIPTS:	:			
	Α.	SCHEDULE A – TOTAL RECEIP	TS		4,189.00
	B.	SCHEDULE C-1 – TOTAL IN-KIN	ND CONTRIBUTIONS		200.00
	C.	SCHEDULE D-1 – TOTAL LOAN	S RECEIVED		\$0.00
	D.	SCHEDULE E – TOTAL EXPENS	SE REIMBURSEMENTS RECE	IVED	\$0.00
	E. SUBT	TOTAL (Total of A, B, C, D)			\$4,389.00
3.	EXPENDIT	URES:			
	F.	SCHEDULE B – TOTAL EXPENI	DITURES		\$2,510.58
	G.	SCHEDULE C-2 – TOTAL IN-KII	ND EXPENDITURES		\$0.00
	н.	SCHEDULE D-2 – TOTAL LOAN	PAYMENTS		\$0.00
	ĭ.	SCHEDULE E – TOTAL EXPENS	SE REIMBURSEMENTS PAID		\$162.79
	J. SUB	TOTAL (Total of F, G, H, I)			\$2,673.37
4.	ENDING BA	ALANCE Balance plus 2E, minus 3J)			\$4,552.43
5.	VALUE OF	NON-CASH ASSETS (From Sched	ule F)		
6.	VALUE OF	DISPOSED/TRANSFERRED ASSE	ETS (From Schedule G)		
7.	VALUE OF	LOANS AT END OF PERIOD (Loa	an Balance from Schedule D-2)		\$1,136.00
8.	CLOSE OU	T BALANCE (Must equal zero if Co	ommittee closed)		\$4,352.43
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# **SCHEDULE A - TOTAL RECEIPTS**

ACCT #: 00	2156	REPORTING PERIOD:	10/08/08	10/27/08
			FPOM	TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

#### **RECEIPTS IN EXCESS OF \$100:**

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
10/27/08	14-28th Democrate Club	Dover, DE	\$100.00	\$100.00
10/27/08	Cent. DE Democrate Club	4074 Paradise Alley Rd, Harrington, DE	\$250.00	\$250.00
10/27/08	Com to Elect Brooks Banta	300 S Carter Rd, Smyrna, DE 19977	\$300.00	\$300.00
10/17/08	David Egan	74 N Bay Drive, Dover, DE 19901	\$80.00	\$80.00
	David Egan	74 N Bay Drive, Dover, DE 19901	\$120.00	\$40.00
10/17/08	E Bradford Bennett	PO Box 344, Dover, DE 19903	\$200.00	\$200.00
	Eagle Insurance Group, Inc.	333 S Governors Ave, Dover, DE 19903	\$100.00	\$100.00
	Jill Baylis	614 N Bradford St, Dover, DE 19904	\$300.00	\$300.00
	Kimberly Totten	1153 Horsepond Rd, Dover, DE 19904	\$232.00	\$232.00
	Paul Davis	5233 S Dupont Hwy, Dover, DE 19901	\$100.00	\$100.00
10/17/08	Ralph Dottone	Wild Meadows, Dover, DE 19901	\$100.00	\$100.00
	William Daisy	215 Pine St., Dover, DE 19901	\$185.00	\$160.00
	William Daisy	215 Pine St., Dover, DE 19901	\$225.00	\$40.00
10/27/08	32nd District Democrats Club	Dover, DE	\$125.00	\$125.00
romar pr	COUNTS IN ENGINES OF \$100			\$2,127.00
	CEIPTS IN EXCESS OF \$100 CEIPTS NOT IN EXCESS OF \$	100		\$2,127.00
	OTAL RECEIPTS . SHOULD ALSO APPEAR ON PAGE 2	, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)		\$4,189.00

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# **SCHEDULE B - TOTAL EXPENDITURES**

ACCT #:	002156	REPORTING PERIOD:	10/08/08	10/27/08	
			FROM	TO	

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

#### **EXPENDITURES IN EXCESS OF \$100:**

Date	Payee	Payee	Aggregate	Amount
Expended	Name	Mailing Address	Amount	Expended
	Kent Signs	2 E Bradys Lane, Dover, DE 19901		\$200.00
10/16/08	Little Crk Ladies Aux	Little Crk Vol Fire Co., Little Crk, DE		\$1,070.00
10/20/08	Delaware State News	110 Galaxy Drive, Dover, DE 19901		\$1,094.00
				n.Vir.
				DE LOS PORTES
TOTAL EX	PENDITURES IN EXCESS O	DF \$100		\$2,364.00
				2 0102 02
TOTAL EX	PENDITURES NOT IN EXC	ESS OF \$100		\$146.58
GRAND TO	TAL EXPENDITURES			\$2,510.58
		GE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)		42,010.00



# SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #: 002156	REPORTING PERIOD:	10/08/08	10/27/08
		FROM	TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

#### IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Estimated Value Received
N/A			Contribution	Y AIGU ACCOIVE
		#31 ( / / / / / / / / / / / / / / / / /		
	1.02  342			
Si Isbira				The state of the state of
OTAL IN-KINI	CONTRIBUTIONS IN EXCES	S OF \$100		\$0.0
	CONTRIBOTIONS IN EMCES			50.
OTAL IN-KINI	CONTRIBUTIONS NOT IN EX	KCESS OF \$100		\$200.0
DAND TOTAL	IN WIND DECEMBER			6000
	IN-KIND RECEIPTS	TATEMENT OF ACCOUNT BALANCE, ITEM 2E		\$200.

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# SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #: 002156	REPORTING PERIOD:	10/08/08	10/27/08
		FROM	TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended
N/A				
La Hillian La				
				Bi Isni Nam
83				
		all in the second second		
OTAL IN-KIND	EXPENDITURES IN EXCES	S OF \$100		\$0.0
OTAL IN LIND	EXPENDITURES NOT IN EX	ACESS OF \$100		

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)

## SCHEDULE D-1 - LOANS RECEIVED

CCT#: 002156		REPORTING PERIOD:	10/08/08		10/27/08
			FROM		то
	50 RECEIVED DURING THIS REPORTING PE IN EXCESS OF \$50:	RIOD should be itemized on this schedule. NOTE: These loans must also b	e listed on Schedule D-2.		
Date	Lender Name	Endorser Name	Description	Int	Amoun
Received	and Mailing Address	and Mailing Address	of Security	Rate	Received
N/A					
			2130		Tara

TOTAL LOANS RECEIVED (TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C) \$0.00



# SCHEDULE D-2 - LOANS

REPORTING PERIOD: ACCT #: 002156

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

10/27/08 TO

10/08/08 FROM

LOANS IN EXCESS OF \$50:

Date Lender Name Received and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
01/01/08 Allan Angel	same	none	%00.0	\$1,049.00	\$0.00	\$1,049.00
08/30/08 Allan Angel	same	none	0.00%	\$87.00	\$0.00	\$87.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
			20.34			\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00

## SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #: 002156			REPORTIN	NG PERIOD:	10/08/08
			-		FROM
l expense	reimbursements received by you and paid by you mus	t be itemized.			
	SEMENTS RECEIVED (Monies paid to you as rei				
Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
	N/A				
TAL DE	EIMBURSEMENTS RECEIVED			\$0.00	\$0.00
	MENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PA	AGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			\$0.00
EIMBUR	SEMENTS PAID (Monies paid by you to reimburs	e others for expenses they incurred.)			
Date	Payee Name	Description	Activity	Total	Reimbursement
Paid	and Mailing Address	of Activity	Date	Expense Amount	Paid
10/17/08	Peggy Angel	Reim for supplies	10/16/08	\$118.70	\$118.70
10/20/08	Jodie Sweeney	Reim for supplies	10/16/08	\$44.09	\$44.09

TOTAL REIMBURSEMENTS PAID (REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31)

\$162.79

\$162.79



•	E P			-	OD:

ACCT #:	002156	10/08/08	10/27/08
		FROM	TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

## LIST ALL NON-CASH ASSETS:

Date Received		Description of Asset	Location of Asset (Physical Address)	Value of Asset
RECEIVED		Ol Asset	or Asset (A Bysical Address)	OI PLASEE
	N/A			
		A Service		
	4			
				real and the
				- 150
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			A STATE OF THE PARTY OF THE PAR	
	110000			
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			the contract of the contract o	

TOTAL ASSET VALUE (TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5) \$0.00



DED	$\alpha$ D7	PENIC	DET	mon.
KEI	UK	LING	PEI	UOD:

ACCT #:	002156	10/08/08	10/27/08
		FROM	TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

#### ALL NON-CASH ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
N/A			
_			
-			
		No Diese Marie de Librario de la Company	
-			

TOTAL ASSETS ELIMINATED

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)

\$0.00